

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | | 71530 | 10/22 |
| O.I.P.E. CLASSIFIER | | | 10-26-99 |
| FORMALITY REVIEW | | | 11/03/99 |

RFR

LA
LH
CB390
CB390 B/120/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|-------|
| 1 | ✓ | ✓ | 5/4 |
| 2 | ✓ | ✓ | 10/10 |
| 3 | ✓ | ✓ | 7/32 |
| 4 | ✓ | ✓ | 7/2 |
| 5 | ✓ | ✓ | 7/3 |
| 6 | ✓ | ✓ | 7/6 |
| 7 | ✓ | ✓ | 7/6 |
| 8 | ✓ | ✓ | 7/6 |
| 9 | ✓ | ✓ | 7/6 |
| 10 | ✓ | ✓ | 7/6 |
| 11 | ✓ | ✓ | 7/6 |
| 12 | ✓ | ✓ | 7/6 |
| 13 | ✓ | ✓ | 7/6 |
| 14 | ✓ | ✓ | 7/6 |
| 15 | ✓ | ✓ | 7/6 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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